FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typying over the lines	g, type 12FE4M5
National Lead	ership PAC	
ADDRESS (number and	street) PO Box 5577	
(Check if addres is changed)	s New York	NY 10027 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if addres	s phuynh@obblaw.com	
is changed)		
(Check if address is changed) 2. DATE M 0 6	M / D D / Y Y Y Y	
3. FEC IDENTIFICA	ATION NUMBER C C00302588	
4. IS THIS STATEM	MENT X NEW (N) OR AMEND	ED (A)
I certify that I have exam	ined this Statement and to the best of my knowledge and belief it is tru	e, correct and complete
Type or Print Name of	Treasurer Basil Paterson	
Signature of Treasure	Electronically Filed by Basil Paterson	Date 06 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	alse, erroneous, or incomplete information may subject the person sign	
Office Use Only		